County: Dane BADGER PRAIRIE HEALTH CARE CENTER 1100 EAST VERONA AVENUE VERONA 53593 Phone: (608) 845-6601
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 127
Total Licensed Bed Capacity (12/31/00): 132
Number of Residents on 12/31/00: 115 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 116 ******************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 %	Less Than 1 Year 1 - 4 Years	24. 3 35. 7
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	2. 6 40. 0	Under 65 65 - 74	30. 4 24. 3	More Than 4 Years	40. 0
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	40. 9 0. 9	75 - 84 85 - 94	25. 2 16. 5	! ****************************	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.7	95 & 0ver	3. 5	Full-Time Equivalen	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	0. 0 0. 0		100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals Transportation	Yes No	Cardi ovascul ar Cerebrovascul ar	0. 0 0. 9	65 & 0ver	69. 6	 RNs	15. 6
Referral Service Other Services	Yes No	Di abetes Respi ratory	2. 6 0. 0	Sex	%	LPNs Nursing Assistants	9. 2
Provide Day Programming for Mentally Ill	Yes	Other Medical Conditions	10. 4	Male Female	38. 3 61. 7	Aides & Orderlies	75. 1
Provi de Day Programming for			100. 0	гешиге			
Developmentally Disabled	Yes	. * * * * * * * * * * * * * * * * * * *	*****		100.0	<u> </u>	*****

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Priv			rivate Pay			Managed Care			Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 0	\$124. 88	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 9%
Skilled Care	5	100.0	\$281.80	90	90.0	\$105.71	0	0.0	\$0.00	7	70.0	\$190.00	0	0.0	\$0.00	102	88. 7%
Intermedi ate				3	3.0	\$86. 54	0	0.0	\$0.00	3	30.0	\$170.00	0	0.0	\$0.00	6	5. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				6	6.0	\$160.02	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	5. 2%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		100	100. 0		0	0.0		10	100.0		0	0.0		115	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as of	f 12/31/00
beachs builing kepotering terrou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	2.6	Daily Living (ADL)	Independent	One 0:	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	7.8		60. 0	32. 2	115
Other Nursing Homes	15. 4	Dressi ng	16. 5		55. 7	27. 8	115
Acute Care Hospitals	41.0	Transferring	40. 0		26. 1	33. 9	115
Psych. HospMR/DD Facilities	23. 1	Toilet Use	30. 4		33. 0	36. 5	115
Rehabilitation Hospitals	0. 0	Eati ng	37. 4		44. 3	18. 3	115
Other Locations	17. 9	*********	******	*****	*****	*********	*******
Total Number of Admissions	39	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Extern		4. 3		Respiratory Care	7. 0
Private Home/No Home Health	2. 5	Occ/Freq. Incontinen		63. 5	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	47. 0	Recei vi ng	Suctioning	0. 0
Other Nursing Homes	0. 0					Ostomy Care	1. 7
Acute Care Hospitals	15.0	Mobility	-			Tube Feeding	5. 2
Psych. HospMR/DD Facilities	15. 0	Physically Restraine	d	9. 6	Recei vi ng	Mechanically Altered l	Diets 12.2
Rehabilitation Hospitals	0. 0						
Other Locations	30. 0	Ski n Care				ent Characteristics	
Deaths	37. 5	With Pressure Sores		7.8		nce Directives	72. 2
Total Number of Discharges		With Rashes		15. 7	Medications		
(Including Deaths)	40			ale ale ale ale ale ale ale ale ale	Recei vi ng	Psychoactive Drugs	85. 2
*********	*****	********	*****	*****	*****	*********	*****

		Ownershi p:		Bed Size:			ensure:		
	Thi s	Government		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87. 9	82. 7	1.06	83. 6	1. 05	84. 1	1.04	84. 5	1.04
Current Residents from In-County	94. 8	85. 7	1. 11	86. 1	1. 10	83. 5	1. 14	77. 5	1. 22
Admissions from In-County, Still Residing	71.8	34. 4	2. 09	22. 5	3. 19	22. 9	3. 14	21. 5	3. 34
Admi ssi ons/Average Daily Census	33. 6	67. 7	0. 50	144. 6	0. 23	134. 3	0. 25	124. 3	0. 27
Discharges/Average Daily Census	34. 5	72. 5	0.48	146. 1	0. 24	135. 6	0. 25	126. 1	0. 27
Discharges To Private Residence/Average Daily Census	0. 9	23. 7	0.04	56. 1	0. 02	53. 6	0. 02	49. 9	0.02
Residents Receiving Skilled Care	89. 6	83. 9	1. 07	91. 5	0. 98	90. 1	0. 99	83. 3	1.07
Residents Aged 65 and Older	69. 6	83. 5	0.83	92. 9	0. 75	92. 7	0. 75	87. 7	0. 79
Title 19 (Medicaid) Funded Residents	87. 0	77. 2	1. 13	63. 9	1. 36	63. 5	1. 37	69. 0	1. 26
Private Pay Funded Residents	8. 7	17. 9	0. 49	24. 5	0. 36	27. 0	0. 32	22. 6	0. 38
Developmentally Disabled Residents	2. 6	3. 4	0. 76	0.8	3. 17	1. 3	2.08	7. 6	0.34
Mentally Ill Résidents	80. 9	56. 6	1.43	36. 0	2. 25	37. 3	2. 17	33. 3	2.43
General Medical Service Residents	10. 4	14. 3	0. 73	21. 1	0.49	19. 2	0. 54	18. 4	0. 57
Impaired ADL (Mean)	51.8	50.8	1.02	50. 5	1. 03	49. 7	1.04	49. 4	1.05
Psychological Problems	85. 2	61. 2	1. 39	49. 4	1. 73	50. 7	1. 68	50. 1	1.70
Nursing Care Required (Mean)	6. 2	6. 6	0. 94	6. 2	1.00	6. 4	0. 96	7. 2	0.87